

For use of this form, see AR 37-105; the proponent agency is USAFAC.

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(USE SEPARATE FORM FOR EACH TYPE & ACTION)

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Section 5525 of Title 5, US Code.
PRINCIPAL PURPOSE(S):	To provide allotment and assignments of pay information to finance offices.
ROUTINE USES:	Information is used to authorize deductions from pay and to update the Master Employee Record. Forms are subsequently filed in the Employee's Substantiating Document Folder.
DISCLOSURE:	Disclosure is voluntary, however, unless the required information is furnished, deductions will not be taken.

## SECTION I

1. NAME (Last, First, Middle initial)

2. SOCIAL SECURITY NUMBER

3. TYPE OF ACTION (Check one)

START

CHANGE

 STOP

*Complete Section II*

*Complete Section II & III*

*Complete Section III*

#### 4. ORGANIZATION

## SECTION II

5. TYPE OF ALLOTMENT (Check one)

☐ U.S. GOVERNMENT LIFE INSURANCE

 NATIONAL SERVICE LIFE INSURANCE

☐ VOLUNTARY LIQUIDATION OF INDEBTEDNESS  
TO GOVERNMENT *(Other than IRS)*

☐ REPAYMENT OF HOME MORTGAGE☐ COMMERCIAL LIFE INSURANCE☐ VOLUNTARY SUPPORT OF DEPENDENTS☐ OTHER (Specify)

6. MAIL ALLOTMENT TO:

a. PAYEE'S NAME
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b. ADDRESS (Include Zip Code)

c. ACCOUNT/POLICY NO.
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d. INDIVIDUAL ACCOUNT CREDITED (Name)

e. AMOUNT	
Biweekly:	

f. EFFECTIVE DATE	
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### SECTION III

7. IDENTIFICATION OF ALLOTMENT BEING STOPPED OR CHANGED:

a. PAYEE'S NAME
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b. TYPE ALLOTMENT
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c. AMOUNT	
1	100
2	200
3	300
4	400
5	500
6	600
7	700
8	800
9	900
10	1000
11	1100
12	1200
13	1300
14	1400
15	1500
16	1600
17	1700
18	1800
19	1900
20	2000
21	2100
22	2200
23	2300
24	2400
25	2500
26	2600
27	2700
28	2800
29	2900
30	3000
31	3100
32	3200
33	3300
34	3400
35	3500
36	3600
37	3700
38	3800
39	3900
40	4000
41	4100
42	4200
43	4300
44	4400
45	4500
46	4600
47	4700
48	4800
49	4900
50	5000
51	5100
52	5200
53	5300
54	5400
55	5500
56	5600
57	5700
58	5800
59	5900
60	6000
61	6100
62	6200
63	6300
64	6400
65	6500
66	6600
67	6700
68	6800
69	6900
70	7000
71	7100
72	7200
73	7300
74	7400
75	7500
76	7600
77	7700
78	7800
79	7900
80	8000
81	8100
82	8200
83	8300
84	8400
85	8500
86	8600
87	8700
88	8800
89	8900
90	9000
91	9100
92	9200
93	9300
94	9400
95	9500
96	9600
97	9700
98	9800
99	9900
100	10000

d. EFFECTIVE DATE
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e. MAILING ADDRESS (Include Zip Code)

8. IF APPLICABLE CHECK ONE:

I AUTHORIZE ANY INCREASE NECESSARY TO KEEP MY VA INSURANCE IN EFFECT.

THE DESIGNATED FINANCIAL INSTITUTION HAS AGREED TO ACCEPT THIS ALLOTMENT CHECK.

9. REMARKS:

SIGNATURE OF EMPLOYEE

DATE SIGNED
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